



# The Family Court of the State of Delaware

For ☐ New Castle ☐ Kent ☐ Sussex County

## VERIFIED NOTICE FOR INTERSTATE ATTACHMENT OF INCOME

Petitioner

Last	First	MI
Address		
City	State	Zip
SS#	DOB	
Home Phone	Work Phone	

Respondent

Last	First	MI
Address		
City	State	Zip
SS#	DOB	
Home Phone	Work Phone	

vs

File Number(s)
CPI Number(s)
IV-D STATUS <input type="checkbox"/> IV-D AFDC <input type="checkbox"/> IV-D NPA <input type="checkbox"/> NON IV-D

Based on information provided by \_\_\_\_\_, I \_\_\_\_\_,  
\_\_\_\_\_ do hereby allege the following:

1. An Order was entered on \_\_\_\_\_ by \_\_\_\_\_ requiring respondent to pay \$\_\_\_\_\_ per \_\_\_\_\_ (\$\_\_\_\_\_ current support plus \$\_\_\_\_\_ toward arrears) payable to \_\_\_\_\_. [A copy of each Court Order is attached].
2. Petitioner has not received a payment on this order for \_\_\_\_\_ with the date of the last payment being \_\_\_\_\_. Current arrears are estimated at \$\_\_\_\_\_. A sworn statement from the obligee or a certified statement from the agency specifying the amount of arrearages is attached.
3. Respondent is employed by:

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address of Employer

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

4. ☐ Respondent is receiving unemployment compensation benefits.
5. Respondent is in default of the current Order in accordance with the law of \_\_\_\_\_ [\_\_\_\_\_] and prays that an income attachment issue to the respondent's employer(s) pursuant to 13 Del. C. Chapter 4. [A copy of the applicable withholding law is attached]. Withholding of income stays in effect as long as the order of support upon which it is based, or any modification thereof, remains in effect,

I affirm under penalty of perjury that the above information is true and correct to the best of my knowledge.

SWORN TO AND SUBSCRIBED before me this date,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
DCSE

Date mailed by the Clerk of Court: \_\_\_\_\_.

\*\*\*\* Respondent: Important instructions on the reverse of this form \*\*\*\*

PETITIONER \_\_\_\_\_

FILE NO. \_\_\_\_\_

### AFFIDAVIT TO CONTEST INCOME ATTACHMENT

A SUPPORT OBLIGOR MAY CONTEST INCOME ATTACHMENT BY FILING THIS AFFIDAVIT AT THE FAMILY COURT WITHIN 10 DAYS OF THE DATE THE VERIFIED NOTICE WAS FILED, IF THE RESPONDENT BELIEVES THAT HE/SHE IS NOT IN DEFAULT OF THE SUPPORT OBLIGATION. YOU SHOULD ATTACH COPIES OF SUPPORTING DOCUMENTS IF YOU BELIEVE THAT THEY ARE HELPFUL TO YOUR POSITION. YOU MUST ALSO MAIL A COPY OF THE COMPLETED AFFIDAVIT TO THE PETITIONER.

The Court shall, upon consideration of the Affidavit(s), determine whether an issue of material fact exists and shall, in accordance with that determination, either schedule a hearing or issue the attachment.

☐ RESPONDENT/OBLIGOR wishes to dispute the imposition of an income attachment on the following ground(s) pursuant to 13 Del C. 513(b)(3):

- ☐ Mistaken identity (the Respondent is not the right person).
- ☐ The payments have been made as Ordered.
- ☐ The Court did not have jurisdiction over me at the time the Support Order was entered.
- ☐ The Court does not have jurisdiction in this case.
- ☐ Other:

Please detail the facts which support your application for a hearing:

SWORN TO AND SUBSCRIBED before me this date,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Respondent

**Received by** \_\_\_\_\_ **on this date,** \_\_\_\_\_, **at** \_\_\_\_\_ **am/pm.**

Based on my review of the facts contained in the ☐ Petitioner's Affidavit ☐ Petitioner's Affidavit and Respondent's Affidavit **I hereby ORDER:**

- ☐ Income Attachment in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ (\$ \_\_\_\_\_ current support plus \_\_\_\_\_ arrears) with a consumer credit protection limit of \_\_\_\_\_% shall issue to obligor's employer because:
  - ☐ No contest to attachment entered.
  - ☐ The Affidavit to Contest Income Attachment raised no issue of material fact under this statute. Respondent is free to seek relief raised in the Affidavit to Contest Income Attachment by filing a separate petition.
- ☐ A Hearing be scheduled on \_\_\_\_\_ at \_\_\_\_\_ am/pm before Master \_\_\_\_\_.
- ☐ Additional findings (see attached disposition).

The parties are advised of their right to file a Review de Novo of a Master's Order before a Judge, provided it is filed within fifteen (15) days of the date the written Order is issued with an additional three (3) days if it is mailed. If a Review de Novo is not filed with the Court within the specified period, the Order of the Master becomes the judgment of the Court from which no appeal may be taken. This is only applicable to the moving party.

\_\_\_\_\_  
Date Written Order Issued

\_\_\_\_\_  
Judge/Master